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**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
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THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII  
STATE ETHICS COMMISSION

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AFLAC  
MMMM

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
MUKAI	STANLEY	Y.	(808) 529-7300
MAILING ADDRESS (Street)			FAX
500 Ala Moana Boulevard, Five Waterfront Plaza, Suite 400			(808) 524-8293
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
McCORRISTON MILLER MUKAI MacKINNON LLP			(808) 529-7300
MAILING ADDRESS (Street)			FAX
500 Ala Moana Boulevard, Five Waterfront Plaza, Suite 400			(808) 524-8293
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
American Family Life Assurance Company of Columbus (AFLAC)		(706) 596-3927
MAILING ADDRESS (Street)		FAX
1932 Wynnton Road		(706) 596-3908
(City)	(State)	(Zip Code)
Columbus	GA	31999
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Mr. L. Allen Fuller, III		(706) 596-3927
MAILING ADDRESS (Street)		FAX
1932 Wynnton Road		(706) 596-3908
(City)	(State)	(Zip Code)
Columbus	GA	31999

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

**PART IV CERTIFICATION OF LOBBYIST**

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist)

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

L. Allen Fuller, III

Second Vice President - Government Relations

NAME OF ORGANIZATION (if applicable)

TELEPHONE

American Family Life Assurance Company of Columbus (AFLAC)

(706) 596-3927

MAILING ADDRESS (Street)

FAX

1932 Wynnton Road

(706) 596-3908

(City)

(State)

(Zip Code)

Columbus

GA

31999

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

(Date)